

Work Order ID 92014

October-19-12 1:21:03 PM

\*92014\*

Page 1

Item ID: 647.1816

Accept

Revision ID:

Item Name: Support LH

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

\*N900040100\*

Setup Start

\*NS1\*

Stop \*NS2\*

Reference:

Approvals: Process Plan: ML5

Date: 12-10-19

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1800	N/C	0.00							
110									
*110*									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: N/C Prog Rev: N/C								
2024.063	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*									
QC	Memo	0.00							
Quality Control									

Jm 12-10-07

Jm 12-11-1

NCR: Yes / No

DQA: Date: →

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	Bend	Grain	Ovalized	Pressure/Forced						
	Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure						
	Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld						
	Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled						
	Cuffs	Contamination	Maintenance	Part Moved							
	Heat Treat	Countersink	Mislabeled	Positioned Wrong							
	Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge							
	Ripples in Bend	Drill Holes	Offset								
	Torque Waves in Extrusion	Drawing	Out of Calibration								
	Turning Sequence	Finish	Out of Sequence								
	Wave/Twist in Tube	Folio	Outside Dimensions								

Work Order ID 92014

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\*92014\*

Page 2

Item ID: 647.1816

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Support LH

Stop

\*NS2\*

Start Date: 19/10/2012 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC Quality Control	QC8- Inspect parts - second check  Memo	0.00 0.00 DAS 15 9-9 12.11.01				1			

140 <b>*140*</b> Brake NC Brake NC	Form as per dwg  Memo	0.00 0.00							SA 12/11/22
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150 <b>*150*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00 DAS 15 12.11.22				1			
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NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

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\*92014\*

Page 3

Item ID: 647.1816

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Support LH

Stop

\*NS2\*

Start Date: 19/10/2012 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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160 Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*160\*

Outsource4

Memo

0.00

Outsource process - Anodize

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

PL12-11-26

170 Receive & Inspect for Damage & Mat'l Certs 0.00

\*170\*

Packaging

Packaging

Memo

0.00

PL12-11-26 (P)

180 QC5- Inspect part completeness to step on W/O 0.00

\*180\*

QC

Quality Control

Memo

0.00

DAS,  
05  
8-89 12-12-23

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>						
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>						
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>						
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>						

**Work Order ID 92014**

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**\*92014\***

Page 4

Item ID: 647.1816

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Support LH

Stop

**\*NS2\***Start Date: 19/10/2012 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\*****Sequence ID/  
Work Center ID****Operation  
Description**Set Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

**\*190\***

SprayPaint

Spray Painting

Memo

0.00

0.00

1

0

0

12-12-31

200

**\*200\***

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Memo

0.00

DAS  
05  
9-83  
13-01-05

210

**\*210\***

Packaging

Packaging

Identify as per dwg & Stock Location: 139C

0.00

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

10/3/01/80

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

Work Order ID 92014

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\*92014\*

Page 5

Item ID: 647.1816

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Support LH

Stop

\*NS2\*

Start Date: 19/10/2012 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 02/11/2012 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

\*220\*

QC

Memo

0.00

13/1/10

MF

13-01-09

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>				
Crushed/Crimped. <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>						
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>						

**Picklist Print**

October-19-12 1:21:06 PM

Page 1

Work Order ID: 92014

**\*92014\***  
**\*647 1816\***

Parent Item: 647.1816

Parent Item Name: Support LH

Start Date: 19/10/2012

Required Date: 02/11/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063		Purchased	No			110	sf	72.4700	0.3155	0.332105	0.4		

**\*M2024T3S 063\***

2024-T3 .063 sheet

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT022	72.47	
119916	0.1	
121197	16.32	
123096	56.05	123096

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

THE NUMBER OF CHILDREN IN THE HOUSEHOLD IS ONE PERCENT OF  
THE NUMBER OF CHILDREN IN THE HOUSEHOLD IN WHICH THE  
MOTHER IS PREGNANT. THE NUMBER OF CHILDREN IS FORTY-THREE.

## NOTES:

↑ MATERIAL: ALUMINUM 2024 T3 PER AMS-QQ-A-250/4

**2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-2332//1 TYPE I CLASS N**

### 3. DEBURR AND BREAK ALL SHARP EDGES

#### 4. IDENTIFY IAW MPP-120

SUGI

KUHN K.

LN(G)<sup>1,2,3,4</sup>

## UNCONST.

SIR RICHARD.

WILHELM

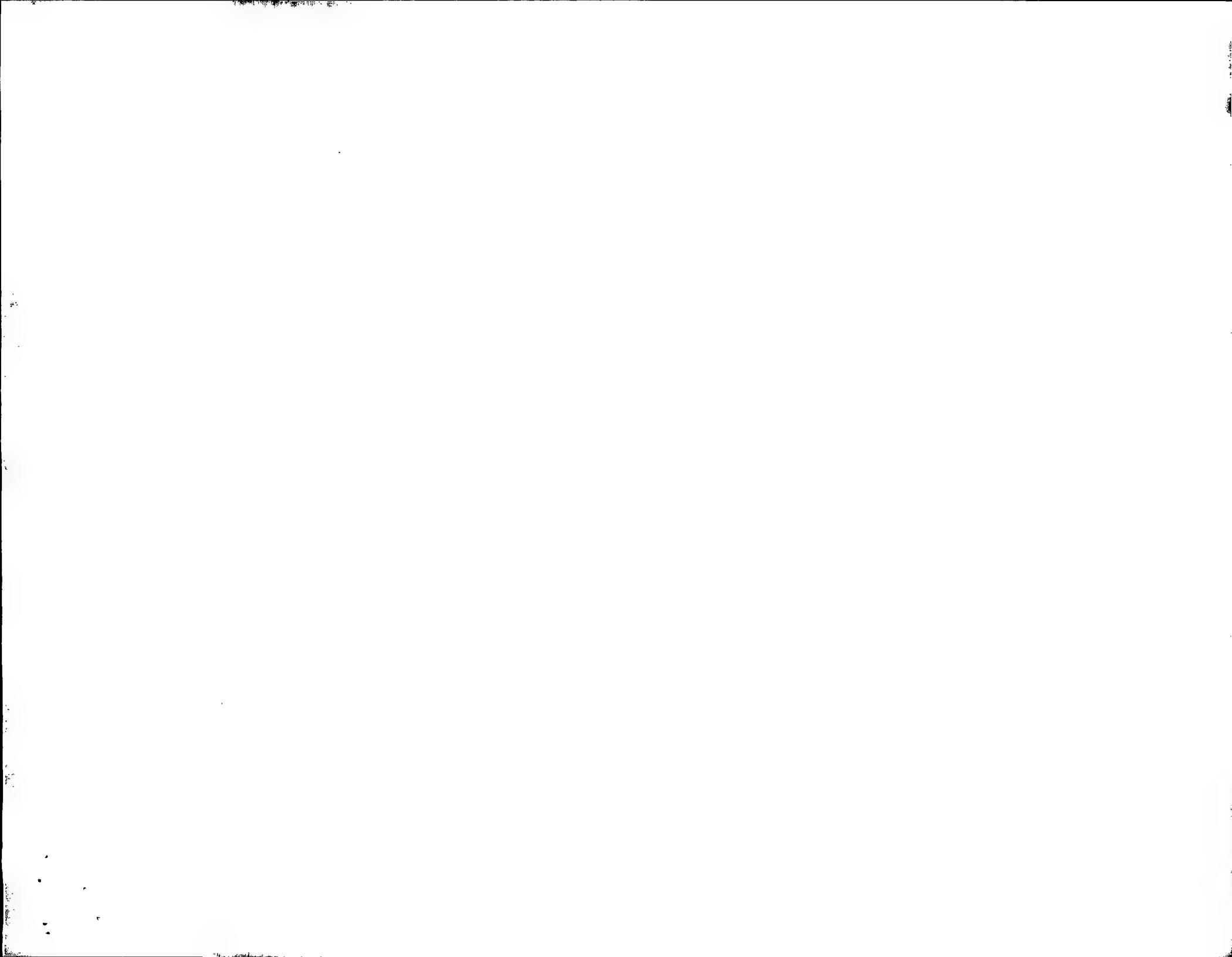
W<sup>1</sup>, Y<sup>2</sup>

NO. 92014 ML5  
12-10-19

647 181

Technical drawing of a rectangular component with a central hole. The overall width is 11.00, and the overall height is 2.00. The central hole has a diameter of  $\phi.102$  and a position tolerance of 2 PL. The distance from the bottom edge to the center of the hole is .700. The distance from the left edge to the center of the hole is 3.400. The distance from the right edge to the center of the hole is  $4.200 \pm .002$ .

06

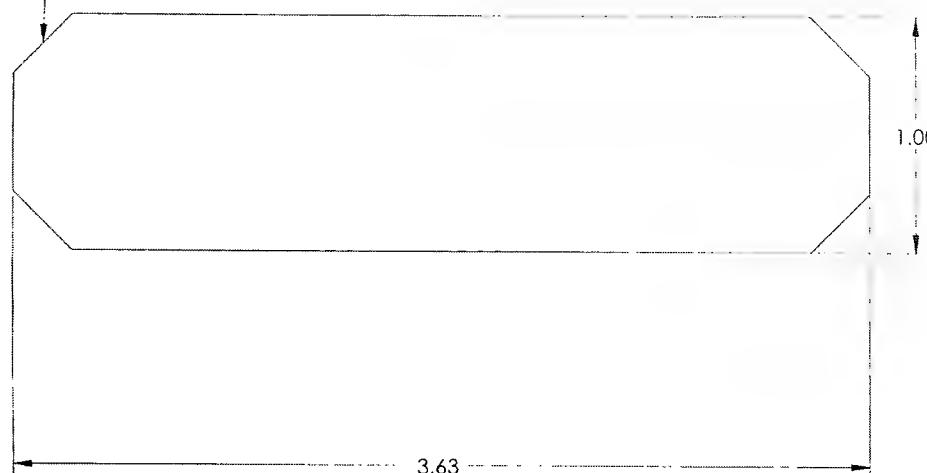


2 3 4 5 6 7 8

APICAL INDUSTRIES INC. 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300

92014

.25 X 45.0°  
4 PL

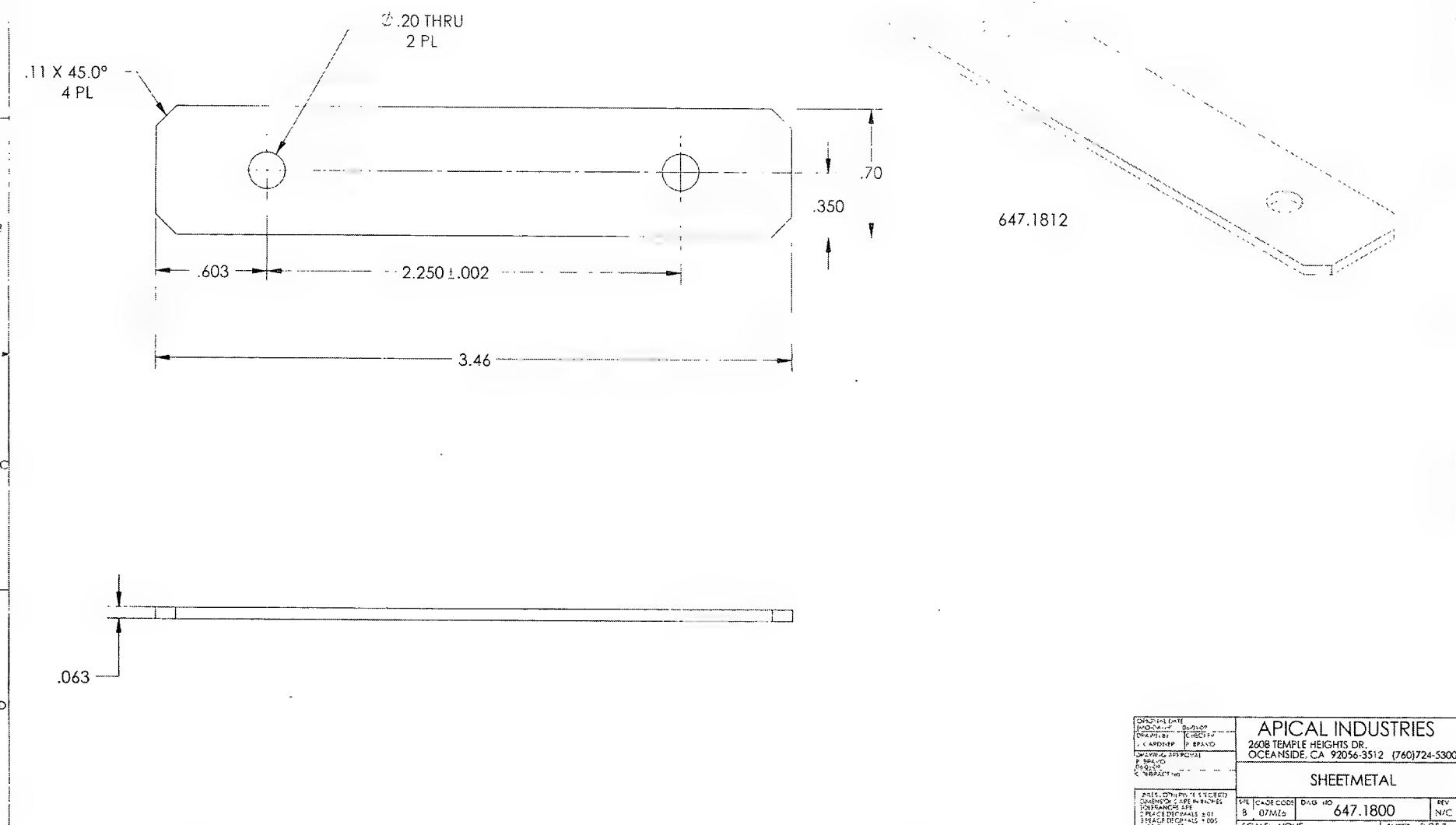


647.1811

CHARGE DATE	06/04	APICAL INDUSTRIES
DRAWN BY	CHIEF	2608 TEMPLE HEIGHTS DR.
DESIGNED BY	NAVO	OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL		
2014		
2014		
SHEETMETAL		
REV	647.1800	N/C
DATE DRAWN	06/04	06/04
BY	07M26	
SCALE	NONE	SHEET 2 OF 7

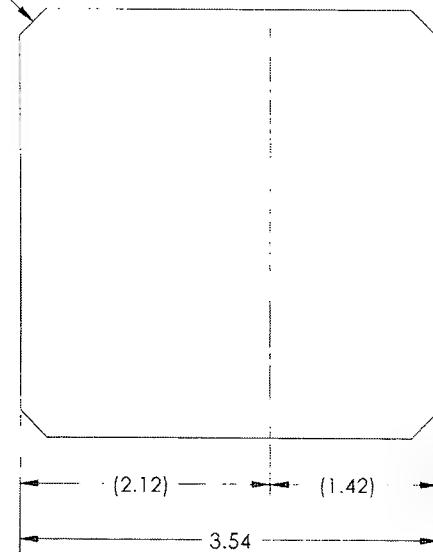
APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056-3512 (760)724-5300

92014

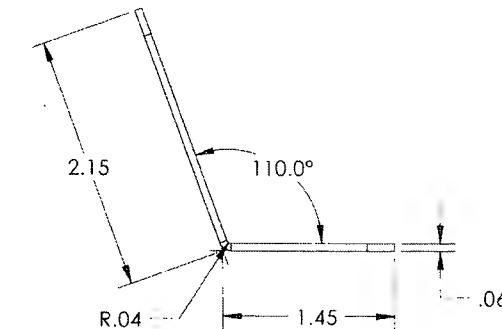
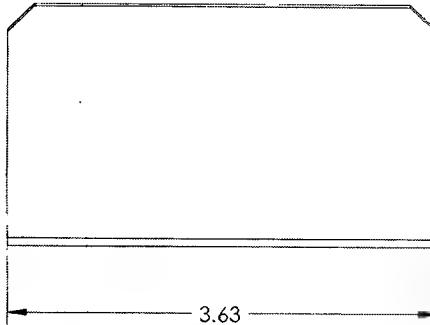


92014

.23 X 45.0°  
4 PL



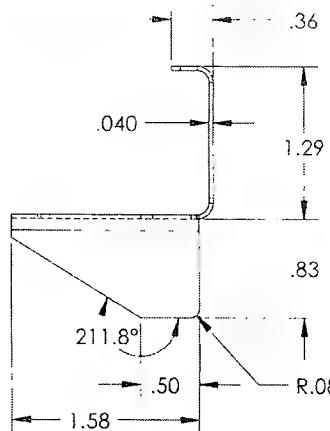
FLAT PATTERN



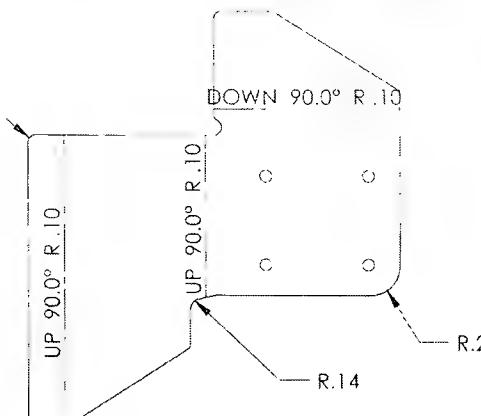
ORIGINAL DATE 8-21-08	APICAL INDUSTRIES
DRAWN BY: J. MELCHIOR	2608 TEMPLE HEIGHTS DR
CHECKED: P. BRAVO	OCEANSIDE, CA 92056-3512 (760)724-5339
DATE OF APPROVAL	
7-20-08	
CC: RAPAC INC	
THIS DRAWING SPECIFIES DIMENSIONS ARE IN INCHES	
1544 1/2-35 CDR-1	1544 1/2-35 CDR-1
3 PLATE 0.063 ± 0.01	3 PLATE 0.063 ± 0.01
STRAIGHT 2.15	STRAIGHT 2.15
SCALE: NONE	647.1800
	P/C
	SHEET 4 OF 7

1 2 3 4 5 6 7 8

A

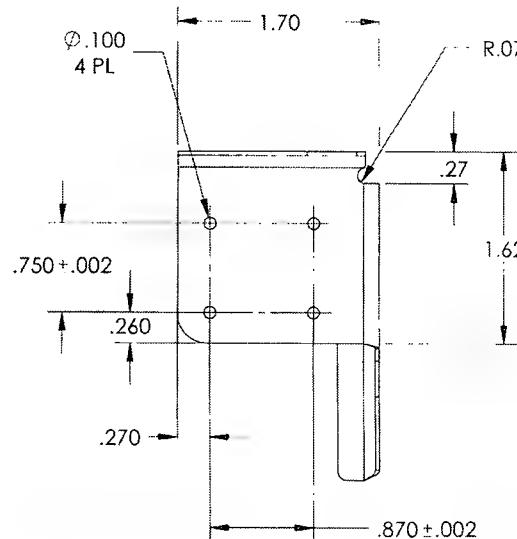


R.08  
3 PL

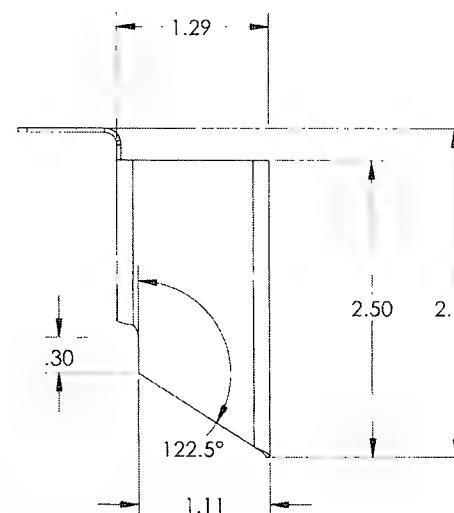


92014  
647.1814 SHOWN  
647.1815 OPPOSITE

B



C

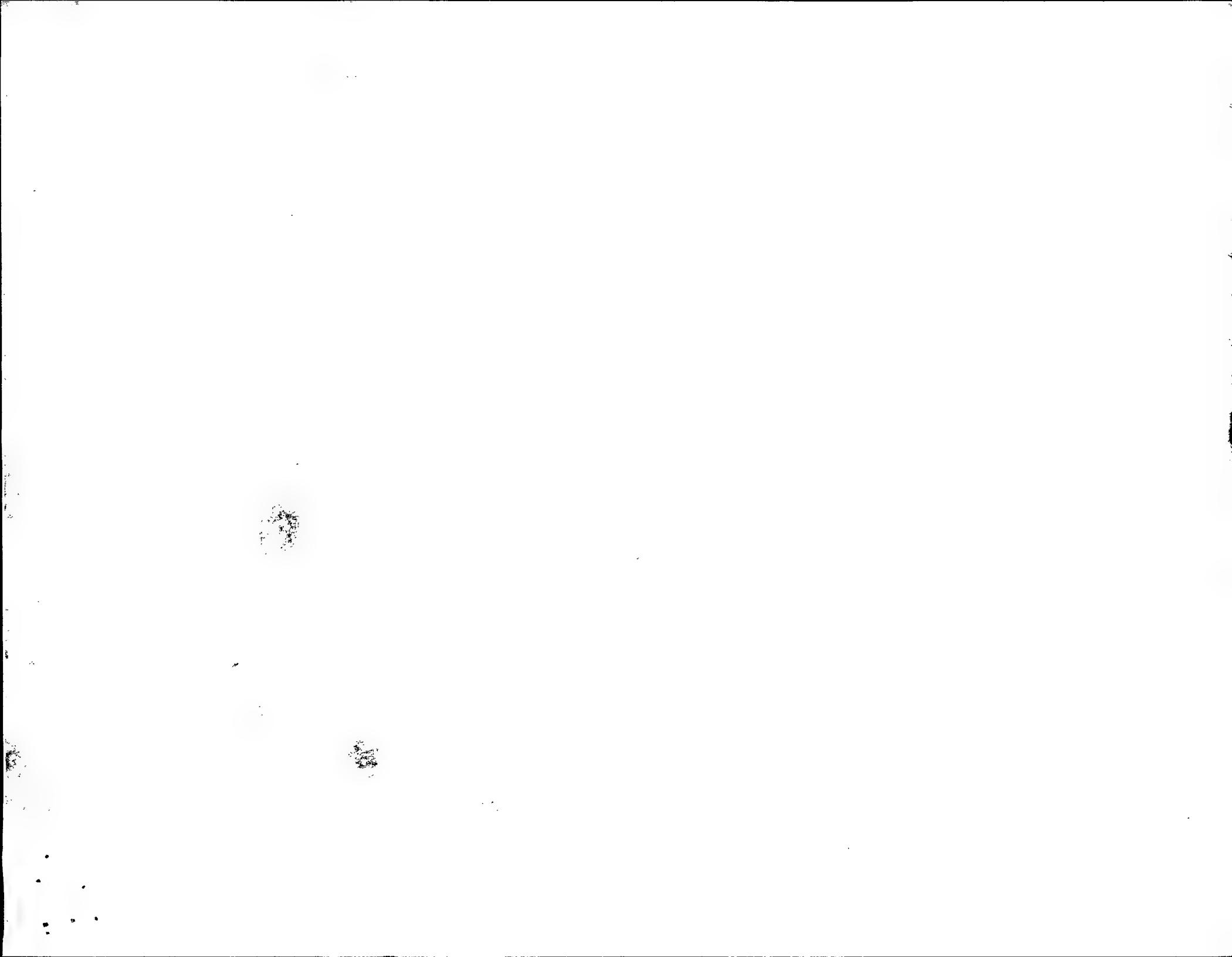


D

ORIGINAL BY	REVISED BY	DATE	
DRWNS BY	CHG'D BY	BRAND	
DRAWING APPROVAL			
RE-111			
CONTRACT NO.			
1. THIS DRAWING IS THE PROPERTY OF APICAL INDUSTRIES INC.			
2. ALL DIMENSIONS ARE IN INCHES			
3. PLACE PART NO. 647.1800			
4. PLACE REV. NO. 1			
5. PLATE SIZE 42" X 48"			
REF	DATE CODE	DRAW. NO.	REV.
B	07M26	647.1800	N/C
SCALE: NONE		SHEET 5 OF 7	

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL



2

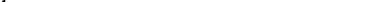
THE UNIVERSITY LIBRARIES OF THE STATE OF ILLINOIS  
ARE LOCATED IN THE UNIVERSITY OF ILLINOIS LIBRARIES  
AT THE UNIVERSITY OF ILLINOIS AT CHAMPAIGN-URBANA.

18

8

三

2

1.00 |  1.0

A technical drawing of a trapezoidal structure. The top horizontal side is labeled 7.73. The bottom horizontal side is labeled 1.32. The left vertical side is labeled .45. The right vertical side is labeled .01. A circular arc at the bottom left is labeled 72.3°. A circular arc at the bottom right is labeled 26.6°. A vertical dimension line on the left indicates a height of .45. A horizontal dimension line at the bottom indicates a width of 7.73 - 1.32 = 6.41.

INQUIRIES, DATA	100-49	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
INQUIRIES, B	C-1744P			
CHANGER	0-3840			
DESIGN & APPROVAL				
PROPS				
IMPACT				
SHEETMETAL				
647.1800				
WT	CAGE CODE	ITEM NO	P/N	
B	0/M6		7	
SCALE: NONE				
SHEET: 6 X 7				

DART AEROSPACE LTD	Work Order:	92014
Description: Support 2H	Part Number:	647.1816
Inspection Dwg: 647.1808 Rev: 10/6		Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

~~DAS~~

Measured by:	JM	Audited by:	15 89	Preliminary Approval:	
Date:	12-11-01	Date:	12/11/01	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15.



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

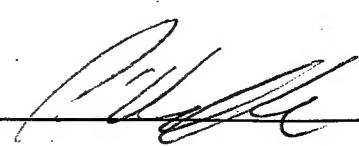
DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST  8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1817 8 PCS 647.1818 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2	Rev:  Line:  PO: PO18506
	Certificate of Conformance  A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
	DATE: <u>12/12/12</u>	



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PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

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DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>Mr</u> RECEIVER SIGNATURE: <u>John</u>

